



1859-2009 Celebrating 150 years in pharmacy

C+D's Christmas Carol

How a miserly pharmacist got a wake-up call

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PLUS

Co-op boss slams £300m funding gap page 7

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HOW I LAUNCHED A WINNING FLU SERVICE page 30



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Our commitments to you – the first 100 days.

On 7 September at the BPC, we launched a series of commitments to demonstrate what the new Professional Leadership Body will represent and what services, products and support pharmacists can expect to receive as members. On that day, we promised to undertake a series of activities to help develop the new body. We set ourselves some stretching targets to demonstrate our commitment to you to deliver the professional body that you have asked for.

The first 100 days have passed. During this time a lot of great work has taken place and as a result the majority of the activities have been completed as planned. Members have worked with us throughout, testing and piloting new services, providing feedback on a range of issues, being part of reference groups and supporting our lobbying activity. Together we have achieved some major successes along the way. There have also been a number of areas where we have made excellent progress in the short timescale, but where additional work is still required to meet the initial objective.

Here we summarise some of the key outputs from the first 100 days of activity.

For a full list of the commitments and updates on each of the specific activities, please visit www.pharmacyplb.com



Celebrating our successes

Here are just some of the activities which were successfully completed in the first 100 days.

✓ The Crown Prosecution Service has announced that it will be producing guidelines in the new year to stop the automatic criminalisation of single dispensing errors, following effective lobbying of politicians. Members also played their part in getting behind the campaign by writing to their local MPs asking them to support an Early Day Motion to change the law.

✓ We upgraded and simplified the online CPD recording system and provided practice specific support on the new requirements through a series of webinar events.

✓ We provided places for 8000 pharmacists to attend practical CPD training events in partnership with CPPE, WCPPE and NES, which received very positive feedback from members who attended. In addition we have provided CPD facilitators to over 35 events throughout Great Britain.

✓ We piloted our online networks with some initial trial groups and following their positive feedback extended the pilot to include further groups. Their comments and feedback

are now paving the way for a full launch of our online networks in the new year.

✓ We ran two successful media campaigns to highlight the role of pharmacy in specific areas. The first focused on counterfeit medicines and was a joint partnership with Pfizer UK, the MHRA, Heart UK and the Patients Association, achieving great coverage in the media. Particularly noteworthy were an interview on BBC Radio 4's You and Yours programme and coverage on BBC 1's The One Show. The second campaign focused on how pharmacists can help with some of the country's sexual health issues, in particular the free Chlamydia Screening service offered by many pharmacies.

✓ We have also made great progress on developing nationally recognised awards for advanced and specialist levels of practice with the first phase of the project completed. Agreement has been reached on how the governance structures should be developed and an initial proposal for professional designations has been completed.

Making progress

Local Practice Forums (LPFs) will be the local 'face' of the professional body and will be where many of the services will be delivered. To ensure members fully understood what LPFs would mean to them, we committed to offering every member the opportunity to attend an engagement event in their locality. To date, nearly 50 events have taken place throughout the country. The national boards in Scotland and Wales hosted a number of roadshow events whilst members of the English board attended numerous events in England. Feedback from these events has been very positive and many LPFs have taken the next step forward by creating a steering group to handle the transition from branch to LPF. In some areas, for example in London, work is still ongoing to finalise the LPF boundaries and as a result their engagement events are planned for early January.

Our Information and Advisory Service (IAS) will be one of the key services we offer our members. We ran an early pilot on our handling of queries relating to the Responsible Pharmacist requirements and following feedback on this, ran a second pilot in December with a group of Pioneers. We are still analysing the feedback from the pilot but

will use this to inform the launch of the service in the new year.

In November we announced a joint inquiry with the Royal College of General Practitioners (RCGP) to encourage closer integrated working between the two professions, both locally and nationally. The Society has led the first part of the inquiry and sought views from the profession with an online survey that ran until 7 December. There is still work to be done on pulling this information together to present a compelling case to RCGP so that we can start to develop the recommendations. We will produce a joint report in February 2010.

You have told us that raising the profile of pharmacy is one of the key challenges which the Society will need to address. Part of this will be achieved through greater exposure of what pharmacy can do in the media. We have developed a strategy to achieve this and had some early successes with two of our members being interviewed as part of a panel of experts in the Daily Mail's 'Good Health' section and an article about the pharmacy profession appearing on BBC online. Clearly we still need to do more and we will establish a press advisory board in the new year.

It is pleasing that the new body will provide us with the right resources so we can develop, offering the best services that enhance patient care.

Gautam Paul,
Hospital Pharmacist and
Teacher Practitioner

As pharmacists, we shouldn't be working in isolation and it is good to know that the new body is committing to providing the professional networking resources that are required to help achieve this.

Finlay Royle,
Clinical Pharmacist

More still to do

With such stretching targets, we always expected that there would be some that we would not deliver on, but that does not mean that they won't get delivered. Our campaigning on the issue of whole patient-pack dispensing for example, will start early in the new year but we have used this first 100 days to lay the foundations, making sure we have an effective plan in place and that we have brought key stakeholders on board.

Although there may be much still to do, we can look back on the first 100 days with pride in what we have achieved and commit to working even harder in the next 100 days to deliver even more value for our members.

If you have any comments on the first 100 days of our commitments or have any suggestions on what you would like to see in the next 100 days, please contact newplb@rpsgb.org. And remember, for a full list of the commitments and updates on each of the specific actions, visit www.pharmacyplb.com

Finally, we would like to thank everyone for their fantastic contributions and continued support. Look out for a new series of activities that we will launch early in the new year.

Steve

Steve Churton
President





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‘CENTRALLY DEVELOPED STRATEGIES ARE ALL WELL AND GOOD, BUT THE INABILITY OF PCTs TO TURN THEM INTO EFFECTIVE SERVICES CONTINUES TO BE A MAJOR FLAW’

In case you thought the secretary of state for health had forgotten you this Christmas, rest assured. His latest vision for health services entitled NHS 2010-2015: From Good to Great is out now and will surely be making its way into the Christmas stockings of health professionals throughout the land.

Sometimes it seems as if we are still struggling to achieve the plethora of visions of the past and the thought of yet more upheaval will no doubt have pharmacists reaching for another glass or two of mulled wine.

The initial reaction has been predictable but completely understandable. The RPSGB and NPA have both warned that Andy Burnham needs to back his rhetoric with sustained investment (p7). But the difficulties faced by pharmacists at the coalface are perhaps best expressed by Lloydspharmacy's head of primary care service development Ronan Brett (p15).

Centrally developed strategies and guidance are all well and good, but the inability of PCTs to turn them into effective services continues to be a major flaw in the system, he argues. And where there is successful delivery of services, where's the mechanism to allow the NHS to share and action this best practice? All you get is updated guidance, rather than a call to action, which often leaves us no

better than where we started.

Reading through this week's news pages, and in particular C+D's review of the year (p20), it's easy to come to the conclusion that pharmacy has achieved little in the past 12 months. But it's not all doom and gloom.

While funding (or lack of) has quite rightly produced the most column inches, there is still much that pharmacists and their staff should be proud of, whether it's the sector's response to swine flu, its ability to innovate and respond to change, or simply the way thousands of dedicated staff deliver a cracking service day in and day out no matter what hurdles they have to overcome.

Our version of Dickens's Christmas Carol (p22) shows just how much pharmacy has to offer and the fact that community pharmacy is now regularly highlighted in government policy as a viable and effective health provider demonstrates just how far we have come. Let's just hope that in 2010 we see more of the rhetoric turn into action.

It just leaves me to wish you all a wonderful Christmas and a happy new year on behalf of everyone at C+D and, as we move into our 151st year, to thank you for your support and contribution – we couldn't do it without you. Cheers.

Gary Paragpuri, Editor

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RPSGB reveals name change but stays silent on future joining fee

EXCLUSIVE Revamp will mark reinvention as new professional body, says Society president

Chris Chapman

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The RPSGB will drop 'Great Britain' from its name to be renamed the Royal Pharmaceutical Society in the spring, the Society's president has said.

However, the number of pharmacists it would need to be credible and the fee that members will pay are yet to be revealed.

The name change will remove the "superfluous" Great Britain while still retaining the right to use 'Royal', Society president Steve Churton told C+D exclusively.

The Society's branding, including its logo, would also change to "put some clear blue water" between the old and new organisations, Mr Churton added.

"[The logo] is a departure from where we are now, in terms of look and feel. It's more contemporary, modern, but it retains elements of the heritage for those people for whom that's important," he said.

Mr Churton said the Society was still on course to form the professional leadership following the handover of regulation to the General Pharmaceutical Council (GPhC), expected to be in April.

The Society will employ 80 to 100 people and its chief executive will be named in the new year, Mr Churton added.

However, Mr Churton refused to be tied down on the number of members needed to join the professional leadership body, but said a high proportion of membership was essential for the organisation to have credibility.

Society hits half of its 100-day PLB targets

The RPSGB completed just over half of the 100-day commitments it announced to convince members to support the professional leadership body (PLB).

Eleven of the 21 commitments, made at the British Pharmaceutical Conference in September are listed as complete. A further seven are ranked "part complete", while three are being "carried over"

to be included in a second set of 100-day targets, to be launched in January.

Society president Steve Churton said the targets were meant to stretch capabilities, and was "very pleased" with the Society's performance.

The commitments gave the professional leadership body accountability and would be

continued, Mr Churton added.

He said: "This is not a one-off, we have to be seen to be accountable to the members' wishes, and to do that we need to keep these activities live on a rolling basis."

However, Keith Howell, a pharmacist for Delmergate in Herne Bay, Kent, remained unimpressed.

He said: "The Society had plenty of opportunities to stand up for

things that really counted... I struggle to think of one thing they have done on issues that matter." **CC/JC**

What do you think of the 100-day result?

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Steve Churton says the Society's new name and logo will "put some clear blue water" between the old and new organisations

Royal
Pharmaceutical
Society
of Great Britain

"It wouldn't have credibility if it represented 10 per cent of members, it would if it had 70, 80, 90 per cent," Mr Churton added.

When asked about membership fees, Mr Churton said they could be inferred through a consultation by the GPhC. The Society has previously pledged the combined fees for both the RPS and GPhC will not exceed the current Society membership fee.

Give your verdict on
Steve Churton's tenure
www.chemistanddruggist.co.uk/news

Churton to return to Boots after stint as RPSGB president

Steve Churton turned down a chance to become chief executive of the professional leadership body to return to Boots, C+D can exclusively reveal.

Mr Churton, who will step down as president in April, had considered staying with the Society after he was approached over the CEO role.

However, Mr Churton said he had "declined to put [his] name in that ring", stating he had always intended to serve only two years at the Society and had given a commitment to members.

He said: "My aim was always to do a two-year role... it's crossed my mind whether the CEO role would be of interest to me, but I've got other things in life that I want to do."

Mr Churton said he planned to return to Boots in April, following his decision not to stand for the English pharmacy board of the new professional leadership body.

Before starting his term as president in 2008, Mr Churton had been head of professional practice at the multiple. **CC**

£300m shortfall in funding, says Co-op boss

EXCLUSIVE Boost core cash to plug deficit, says John Nuttall

Emma Wilkinson

The head of the third largest multiple has told C+D that pharmacy needs an extra £300 million – almost £29,000 per contractor – in its core funding.

John Nuttall, MD of Co-operative Pharmacy, said the cash will eliminate capricious profit cycles that have plagued business since category M struck in late 2007.

Speaking exclusively to C+D, Mr Nuttall said: "Pharmacy is underfunded and our profit on purchasing is cross-subsidising core funding

"Category M is a perfect model for the Department of Health and they have benefited very significantly from putting in place a mechanism which forces pharmacy to competitively procure product."

But he said the model had

become unsustainable, with generics manufacturers calling time on some products, leading to risk of monopolies and stock shortages.

"It's been a win-win for the Department of Health and I would say if you're going to have a

mechanism that forces the price down then some of that prize needs to be shared with the pharmacist."

The sector must demonstrate these savings to the cost of service inquiry, he urged. The inquiry, launched last month, aims to establish fairer pharmacy funding and is due to report next April.

The sector had "done its bit" on belt tightening and should be paid what it is owed, Mr Nuttall added. He went on to blame part of the recent shortfall in funding on a glut of 100-hour pharmacies.

"Allowing 100-hour pharmacies to open, while it might appear to tick the competition box, in this market has had a negative impact because it's resulted in a dilution of the global sum."

Latest NHS figures show nearly one in 20 premises is now trading under 100-hour contracts.



John Nuttall: Cat M is "unsustainable"

Co-op and the funding rollercoaster

DECEMBER 2007

Co-op buys 51 new pharmacies and eyes 1,000 outlets within two years

OCTOBER 2008
Co-op blames Cat M clawbacks for 22 per cent dip in profits

JANUARY 2009

Co-op rules out further store closures in 2009

DECEMBER 2008
Co-op closes 14 loss making branches and puts 12 more up for sale

MAY 2009
Cat M the culprit again as Co-op cites mechanism for 14 per cent dip in previous year's profits

OCTOBER 2009

Co-op claims "credible" six monthly figures with profits up 8.7 per cent to £13.6m

KEY SECTOR EVENTS

OCTOBER 2007
£500m cut in Cat M reimbursement

JULY 2008
First signs of Cat M fallout as C+D reveals job cuts at multiple firms

SEPTEMBER 2008
£280m emergency rise in contract funding to ease funding shortfall

SEPTEMBER 2009
Contract funding rises by £87m

OCTOBER 2009
Cost of service inquiry to establish fairer funding launches

Pharmacies 'crucial partners' in NHS strategy

Pharmacies have been identified as a "crucial local partner" in preventing ill-health, as part of the NHS strategy announced by health secretary Andy Burnham.

The plan outlines how the NHS will put patients first and improve quality of care over the next five years. Achieving this goal would be a central role for all NHS leaders, including community pharmacists,

the document said. Pharmacy bodies backed the strategy, highlighting the fact that it supported plans outlined in last year's pharmacy white paper.

Pharmacies were identified as being "well-positioned to provide personalised health advice within local communities", in the strategy.

And the government said it will publish guidance on how pharmacy staff could be enabled to become

"health champions and health trainers".

But the RPSGB and the NPA warned that the health secretary's "warm words" needed to be accompanied by actions such as continued investment and a focus on rollout of services.

PSNC said it was pleased to see pharmacy identified as a key partner in delivering the strategy. **ZS**

In brief

EPB election

English pharmacy board candidate Graeme Stafford has suggested to three other candidates they consider withdrawing to allow the 'Stop Remote Supervision' candidates to be elected. Mr Stafford said he acted individually. The Society confirmed no election rules had been breached.

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OTC painkiller guidance

Pharmacy bodies have backed MHRA guidance recommending OTC painkiller sales are limited to two packs in total per customer.

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PPRS prices

Updated PPRS prices will be published on the C+D Data website at www.cddata.co.uk from December 22. A PDF listing the updated prices will be available on the site from January 2. It will be updated weekly.

UK medicines cheapest

UK medicines are now the cheapest in Europe, according to the DH. The figures, published in a report to parliament, show of 13 countries assessed, only Australia paid a lower price for drugs in 2008.

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Combination bleeding risk

Patients using a combination of antithrombotics are at increased risk of bleeding. A study found MI patients prescribed aspirin, clopidogrel and a vitamin K antagonist had a bleed risk of 12 per cent, compared with 4.6 per cent for the nearest monotherapy.

Call for original packs

The English board of the RPSGB has launched a campaign calling for original pack dispensing. The need for snips and extra patient information leaflets increased dispensing workload and caused problems for patients, the board said.

Hep C increase

Hep C infections are increasing in England, the Health Protection Agency has said. More than 8,000 new cases were reported last year, up 6 per cent on 2007.

Patients feel the squeeze in bleak year for finances

EXCLUSIVE One in four pharmacists say standards have suffered

Publish NHS accounts

Community pharmacies and other organisations contracted to the NHS should make the financial details of any health services they provide publicly available to demonstrate value for money, the NHS Alliance has suggested.

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Extra time for VAT

Pharmacies will have two extra weeks to update price labels to reflect VAT changes on January 1, the government has announced. Retailers will get four rather than two weeks to change shelf and product labels when VAT returns to 17.5 per cent.

Boots birthday

Alliance Boots celebrated the 160th birthday of the Boots brand and said it was focused on making the multiple's appeal global last week. The firm also announced it has completed rebranding Alliance Pharmacy stores to the 'your local Boots' format.

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Blackpool contract

NHS Blackpool has awarded a local pharmaceutical services contract for its pharmacy at the city's Whitegate Health Centre. MedicX Pharmacy is set to provide a minor ailments service, emergency hormonal contraception, pregnancy testing, smoking cessation, palliative care stock holding and MURs.

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Patent box wins praise

The Association of the British Pharmaceutical Industry has backed government proposals for a 'patent box' in the pre-budget report. This would mean a 10 per cent corporation tax rate on income from patents in the UK to encourage investment in research and development.

Zoe Smeaton

zsmeaton@cmpmedica.com

Patients have suffered reduced service levels caused by financial problems in over a quarter of pharmacies this year, according to a C+D survey.

And although almost 60 per cent of pharmacies said 2009 had been no worse financially than any other year, others billed it their "worst year ever".

Sixty five pharmacists from a range of businesses responded to the survey. Twenty seven per cent of those agreed that financial issues had left them unable to provide patients with the service levels they would have liked.

Pharmacists said they could not afford the staff they would like; that patients were waiting longer for

prescriptions and that pharmacists could only spend "minimal time" with them. Others said they had provided high service levels but at a personal cost, with the extra work leaving them exhausted.

Eleven per cent of pharmacies said 2009 had been their worst year ever financially, with a further 28 per cent admitting 2009 had been worse than usual.

But there was good news for some, as 29 per cent said 2009 had been a good year financially and 28 per cent said it had been the same as usual.

John Turk, NPA chief executive, said NPA surveys had also identified lack of sustained and stable investment as a hindrance to pharmacy.

Watch out for more of our 2009 survey results in C+D, January 9.

... but new services still launched

Despite many pharmacies struggling to cope with financial pressures, two thirds have been able to launch new services this year, C+D's survey found.

It was not clear to what extent they had been able to deliver them, but 66 per cent said of respondees said they had started a new service in 2009. Chlamydia testing was the top new service.

Of those not offering new services, 36 per cent said none were available in their area and 45 per cent blamed lack of time.

The sector was more cautious about private services, with only 31 per cent offering them. **ZS**

New entrants to suffer under contract rules

A proposed overhaul of control of entry could "skew" the contract applications process against new pharmacies, a legal expert has warned.

Draft requirements for PCT documents that will determine future contracts could "protect" existing pharmacy service providers at the expense of new businesses, said David Reissner, a partner at law firm Charles Russell.

"There's a danger that local input will result in protection of local interests and make it more difficult for anyone new to come in and secure a contract," he said. "I think the result of the new regulations will be a reduction in the number of successful applications."

Proposed legal regulations and guidance for PCTs on what they must include in pharmaceutical needs assessments (PNAs) were published by the Department of Health this month (C+D, December 12, p6).

The draft regulations, if passed, will make it a legal requirement for PCTs to consult local stakeholders on the PNA during its development. View at www.chemistanddruggist.co.uk/news **JR**



David Reissner digests the rule changes

See p14

O'Brien backs minor ailments

The pharmacy minister has pledged support for national pharmacy minor ailments services to be used to ease pressure on GPs.

Mike O'Brien said: "This is not directly cash releasing – the costs to the NHS will overall stay the same – [but] it will free up GPs' time to focus on more complex cases."

The comments came at the all-party group for primary care and public health parliamentary reception last week.

Mr O'Brien said he was encouraging both PCTs and pharmacies to do more to develop the services. PSNC is negotiating with NHS Employers on minor ailments and the service is tipped to be launched as the first pharmacy directed enhanced service in 2010. **ZS**



Ciara Garvey

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Dispensary talk

In your career as a pharmacist, how many industry consultations have you responded to?

"I do not think I've taken part in any. It's never really come my way. If someone approached me to take part and give my views on the industry, I'd be happy to contribute."

Ulrika Dewhurst, Carters Chemist, London



"Over the years quite a few, definitely over five. I've given feedback on things on policy, locally and nationally, in various organisations

and in the NHS."
Geoff Ray, Total Health Pharmacy, Watton, Norfolk

Web verdict

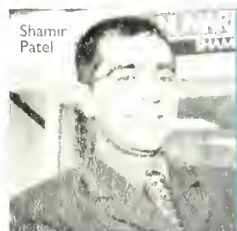
None 65%
One to five 25%
More than five 10%

Armchair view:

More than half have never spoken out on professional changes put out to consultation. So speak now or forever hold your peace.

Next week's question:

Which film title best describes pharmacy? Vote at www.chemistanddruggist.co.uk



Law and ethics expert suspended for stealing

Academic claimed he took Dexedrine to highlight poor security

An expert in law and ethics has been suspended from the RPSGB's register for one year after stealing Dexedrine while working as a locum.

Cathal Gallagher, an acclaimed academic, claimed he had taken the drugs as part of research into security over controlled drugs.

The explanation was rejected by an RPSGB disciplinary meeting this month, which slammed Dr Gallagher's conduct as "riddled with dishonesty".

But the lecturer at the University of Hertfordshire escaped a striking off after testimonials championed his "invaluable" contribution to pharmacy teaching.

Committee chairman Patrick Milmo QC said: "That benefit which Dr Gallagher has been providing... to the future welfare and high standards of the profession is one

which allows us to relent from imposing the sanction of removal."

The "stark" contrast between Dr Gallagher's misconduct and academic achievements made deciding the correct sanction a "troubling task", the chairman added.

The panel said it "could not accept" the lecturer's claim he had taken 28 Dexedrine tablets to highlight poor security.

He then pretended that other packs of Dexedrine in his possession were drugs he had taken from the pharmacy, the hearing was told.

Dr Gallagher also lied to the Society and initially to the statutory committee in the explanations for his conduct, the hearing heard.

This was the "dark side" of the case, Mr Milmo ruled. However, Dr Gallagher's contribution to

pharmacy practice cast him in a different light, he added.

The disciplinary panel considered 22 testimonials, many from fellow academics. These highlighted his teaching record including a nomination for the University of Hertfordshire tutor of the year award and launching a law and ethics essay award.

One colleague also noted Dr Gallagher's immaturity in the past, which the panel suggested may be linked to the Dexedrine incident.

The theft had happened three years ago without any repeat misconduct, the hearing was told.

Dr Gallagher appeared "thoroughly ashamed" of his actions, Mr Milmo added. The suspension should be reviewed within a year, the chairman concluded. **MG**

Hat trick of MP pharmacy visits

Three more MPs have visited their local pharmacy as part of C+D's Building Bridges campaign to raise the profession's political profile.

Peter Lilley, MP for Hitchin and Harpenden, took a health check with Louise Laming, pharmacist at Manor Pharmacy in Harpenden. While at the pharmacy, Mr Lilley told Graham Phillips, owner of the Manor Pharmacy Group in Hertfordshire, that he will enter into a dialogue with West Hertfordshire PCT to encourage a positive view of how pharmacists and GPs can work together to provide services.

Another pharmacy visit came at Shaftesbury Pharmacy in Harrow where Gareth Thomas MP for Harrow West met with pharmacist Lila Thakerar to discuss the services offered, including smoking cessation and supervised methadone. He also heard from other local healthcare



Peter Lilley MP vowed to challenge PCT on pharmacist/GP working after the visit

professionals, including GPs, about how enhanced services could work through pharmacy and listened to proposals for more services to be contracted on a national basis.

Alan Simpson, MP for Nottingham South, also visited Boots in the

Victoria Centre, Nottingham. Mr Simpson offered to use the next MP question time on local radio to raise awareness of the services offered by pharmacies and the challenges faced due to cross-PCT border issues. **JC**

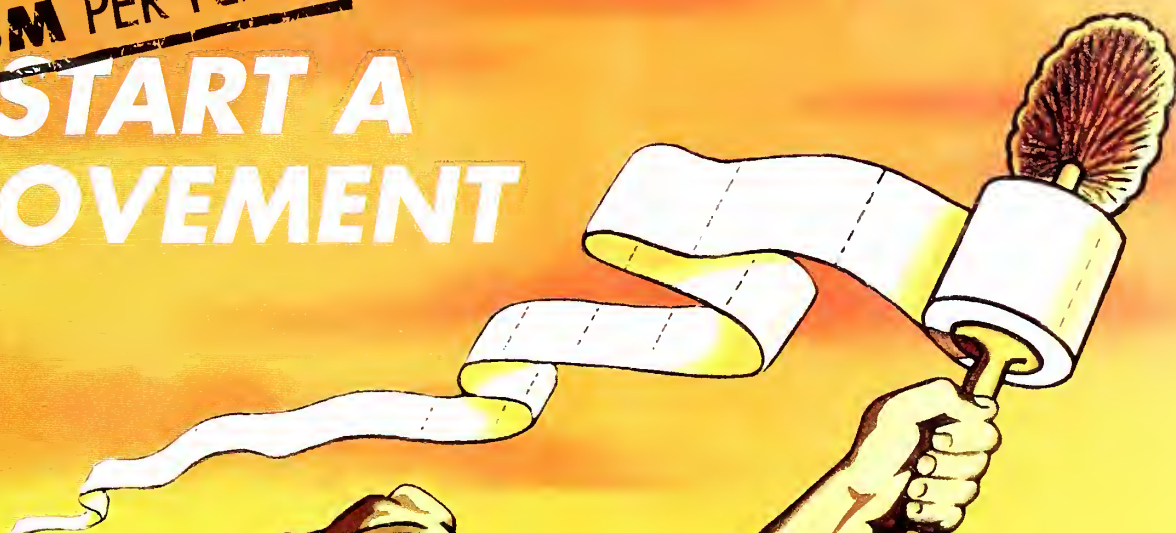
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**Laxido Orange being 20% less expensive
than MOVICOL^{†1} offers significant savings
to both your Practice and your PCT.²**

Laxido Orange, powder for oral solution: Please refer to the Summary of Product Characteristics (SPC) before prescribing Laxido Orange. **Abbreviated Prescribing Information. Presentation:** Single-dose sachet, each containing a white powder composed of: Macrogol 3350 13.125g, sodium chloride 350.7mg, sodium hydrogen carbonate 178.5mg, and potassium chloride 46.6mg. **Indications:** Treatment of chronic constipation and faecal impaction. **Dosage: Chronic constipation:** A course of treatment for chronic constipation with Laxido Orange does not normally exceed 2 weeks, although this can be repeated if required. Extended use may be necessary in the case of patients with severe chronic or resistant constipation, secondary to multiple sclerosis or Parkinson's Disease, or induced by regular constipating medication in particular opioids and antimuscarinics. **Adults, adolescents and the elderly:** 1-3 sachets daily in divided doses, according to individual response. For extended use, the dose can be adjusted down to 1 or 2 sachets daily. **Children below 12 years old:** Not recommended. **Faecal impaction:** A course of treatment for faecal impaction with Laxido Orange does not normally exceed 3 days. **Adults, adolescents and the elderly:** 8 sachets daily, all of which should be consumed within a 6 hour period. **Children below 12 years old:** Not recommended. **Patients with impaired cardiovascular function:** For the treatment of faecal impaction the dose should be divided so that not more than 2 sachets are taken in any one hour. **Administration:** Each sachet should be dissolved in 125 ml water. For use in faecal impaction, 8 sachets may be dissolved in 1 litre of water. The reconstituted solution should be stored covered in a refrigerator (2°C to 8°C), for up to six hours. **Contraindications:** Intestinal obstruction or perforation caused by functional or structural disorder of the gut wall; ileus and in patients with severe inflammatory conditions of the intestinal tract (e.g. ulcerative colitis, Crohn's disease and toxic megacolon). Hypersensitivity to the active substances or any of the excipients. **Warnings and Precautions:** The faecal impaction diagnosis should be confirmed by appropriate physical or radiological examination of the rectum and abdomen. If patients develop any symptoms indicating shifts of fluids/electrolytes, Laxido Orange should be stopped immediately. The orange flavour in Laxido Orange contains glucose. Patients with rare glucose-

galactose malabsorption should not take this medicine. The orange flavour also contains sulphur dioxide (E220), which may rarely cause severe hypersensitivity reactions and bronchospasm. **Interactions:** There are no known interactions of Laxido Orange with other medicinal products. Alterations to the absorption of certain drugs administered concurrently cannot be excluded. Therefore, other medicines should not be taken orally for one hour before and for one hour after taking Laxido Orange. **Pregnancy and lactation:** There is no experience with the use of Laxido Orange during pregnancy and lactation and so it should not be used unless clearly necessary. **Effects on ability to drive and use machines:** Laxido Orange has no influence on the ability to drive and use machines. **Undesirable effects:** Allergic reactions are possible. Potential gastro-intestinal effects include abdominal distension and pain, borborygmi and nausea. Mild diarrhoea may also occur, but normally resolves after dose reduction. **Overdose:** Refer to SPC. **Legal Category:** P. **Pack Size:** Cartons of 20 or 30 sachets. **NHS Price:** 20 sachets: £3.56, 30 sachets: £5.34. **MA Number:** PL 21590/0087. **MA Holder:** Golen Limited, Seogoe Industrial Estate, Croigovon, BT63 5UA, UK. **Full prescribing information available from:** Golen Limited, Seogoe Industrial Estate, Croigovon, BT63 5UA, United Kingdom. **Date of Preparation:** October 2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Galen Limited on 028 3833 4974 and select the customer services option, or e-mail info@golen.co.uk. Medical information enquiries should also be directed to Galen Limited.

References: 1. MIMS, December 2009. 2. Data on file 2008. Golen Limited. [†] MOVICOL[®] is a registered trademark of Ebro AG, exclusively licensed to the NORGINE[®] group of companies. PMR-DEC-2009-0591. Date of Preparation: December 2009

GALEN

New year campaign for Canesten

In brief

First aid guides

TensCare has launched a range of portable emergency first aid guides with clear instructions for parents and carers. The water-resistant Indicare compact concertina booklets come with a clasp that can be attached to keys, bags, prams and baby monitors. Topics include first aid, when to call the doctor and allergies.

Price: £2.99

TensCare; tel: 01372 723434
www.indicare.co.uk

Clarification

Balance Activ RX was described as a POM dual-action vaginal gel in C+D, December 12, page 12. BBI Healthcare would like to clarify that this product is not a POM; it is a medical device that is prescribable. The NHS reimbursement cost for Balance Activ RX is £5.25.

BBI Healthcare
Tel: 0845 677 3349

Bayer HealthCare will see in the new year with the launch of a £1 million national TV campaign for its Canesten brand.

The Canesten Duo 'Show & tell' advertisement will return to TV screens from January 11 until the end of March.

It features an animated female character to educate viewers on how the product works. With the aid of a flip chart,

the character demonstrates the dual benefits of the thrush treatment. The final message is that the product 'Cools & clears'.

Research shows the ad is popular among consumers, with spontaneous awareness of 87 per cent for the brand among 18 to 54-year-olds, says Bayer.

The advertising now places more emphasis on the brand's double strength cream.

Bayer HealthCare
Tel: 01635 563000



Market focus

• The £42 million thrush treatment market has grown by 1 per cent in the last year.

• Canesten is the No 1 thrush treatment brand in the UK, with a 76 per cent market share in pharmacy.

• Canesten Duo has grown ahead of the market at 2 per cent in the last year.

Source: IRI chemists, value share 52 w/e October 3, 2009

Mölnlycke to launch wound contact dressing

Mölnlycke Health Care is launching a new wound contact layer dressing, which will be available on Drug Tariff from January 1.

Mepitel One is a transparent polyurethane net that features one-sided Safetac technology – a soft silicone adhesive that only tacks to dry surfaces.

In comparison to Mepitel, which has been available for a number of years, Mepitel One is thinner, has a stronger Safetac adhesion and a higher transparency that enables

easy wound inspection during application and wear.

It can be left in place for up to 14 days, depending on the condition of

the wound, which can reduce the need for frequent primary care dressing changes.

Mepitel One can be used on patients with painful wounds, skin tears, skin abrasions, surgical incisions, blistering, lacerations and partial and full thickness grafts. The dressing can also be used as a protective layer on non-exuding wounds.

Mepitel One is available in four sizes: 6x7cm, 9x10cm, 13x15cm and 24x27.5cm.

Mölnlycke Health Care
Tel: 0800 7311876



Bassetts give viewers something to chew on

Ernest Jackson's Bassetts Soft & Chewy range of vitamins will return to the small screen after Christmas.

On air from December 28 until January 5, the £535,000 national campaign will appear on GMTV, Five and satellite stations.

Two TV advertisements highlight the message that 'taking vitamins doesn't have to be hard'.

"With today's hectic lifestyles, choosing the right vitamin product

can be difficult and confusing and taking them can be even more so," says Ernest Jackson.

The soft and chewy format of the one-a-day pastilles is designed to make them easy to take for all the family.

The nine products in the range are



individually tailored to suit different consumer needs and age groups.

Ernest Jackson
Tel: 01363 636100
www.bassettsvitamins.co.uk

Retail talk

Is swine flu making an impact on sales of cold and flu treatments?

Yes 46%

No 54%

Off the shelf view: A split verdict this week as swine flu appears to be making a variable impact on the usual winter sales of cold and flu remedies in pharmacies around the country.

This week's question:

Do you feel optimistic about your retail sales in 2010?

Vote at **www.chemist and druggist.co.uk/prodnews**

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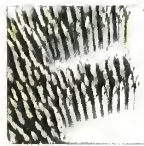
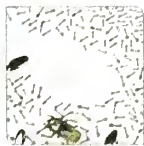
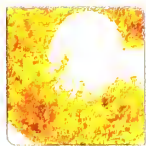
To find out how, visit **www.choosenumark.com**
or call 0800 7835709

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FREEZING PAIN

Have any of your patients described their pain as feeling ice cold? Chronic pain that is hard to treat can become frustrating. You can aid your patients by asking them to describe their pain, which will help you to identify those with neuropathic pain.



Action on
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www.backcare.co.uk

PAIN
CONCERN


Trigeminal Neuralgia
Association UK

Pfizer

Up and down went the pharmacy year



‘MANUFACTURERS’ QUOTAS MEANT THE WORST STOCK SHORTAGES IN MEMORY, AND THE DAILY STRESS OF CHASING SUPPLIES’

2008 was a tough year, but we started 2009 with great hopes as the Society promised a “landmark campaign” to “address the issue of workplace pressures”. Little did we know how those pressures would mount!

Early on came news about remedies that had soothed generations of children’s coughs and colds being potentially dangerous, and restricted to the over 6s. While we awaited the launch of Benylin Water for Children, we were berated by parents, desperate for a night’s sleep, demanding a child sedative: “Look, it says from one year on the bottle!” This could get a little stressful, but fear not – the Society was going to address that.

A few weeks later when Alli hit the shelves, we felt proud at this opportunity for pharmacy to show that it can take a clinical lead in the treatment of obesity until, inevitably, this was followed a few days later by shame, as the only packs purchased were by size zero reporters working for the Sunday Telegraph. Fortunately swine flu was just around the corner to distract the health pundits from such lapses of judgement.

Swine flu was The Big Thing of 2009, and pharmacy was in the front line. We drowned under the mountain of paper information and advice, and the many pharmacies acting as antiviral distributors found that the added stress of admin and reports to complete increased with each supply. However, when it mattered, pharmacy

showed the DH that we could deliver – quickly, and effectively – and Tamiflu was distributed to those who needed it (as well as many who didn’t). At least this gave us something to dispense, since manufacturers’ quotas meant the worst stock shortages in memory, and the daily stress of chasing supplies and explaining their absence to disbelieving patients.

Then finally, just as it seemed we were winning the campaign to decriminalise dispensing errors, in walked the responsible pharmacist, and now we can be jailed for something really trivial, as it became a criminal offence to forget to write in a book what time you finish work!

Where does that leave my stress levels? Well, compared to the start of the year I now have to sign in and out as responsible pharmacist, spend half an hour a day querying quotas and hunting down supplies of basic drugs, recording in triplicate the antiviral supply, while working through protocols of sale for snotty toddlers or the lipid-challenged. And what was the Society’s answer to my stress levels? Have a rest break. Bloody genius.

So, a year of ups and downs. Drug costs have gone up, while category M prices have gone down; my retention fee has gone up, while my income has gone down; and my blood pressure has gone up despite the many glasses of red wine that went down! Well, 2009 has been a tough year, but I’ll start 2010 with great hopes...

Testing time for necessary or expedient rules

If you started with a blank sheet of paper and were trying to devise criteria for where and when to allow a new pharmacy to open, could you improve on securing adequate provision in each neighbourhood?

Now the Health Act 2009 has become law, from spring 2011 there will be two new tests to replace the current ones of necessity or expediency in securing adequate provision. The PCT must grant an application if it is satisfied, having regard to its pharmaceutical needs assessment (PNA), that it is necessary to grant the application in order to meet a need in its area.

Alternatively, the PCT may grant an application if it is satisfied, having regard to its PNA and to any matters (not yet specified), that it would secure improvements, or better access, to pharmaceutical services in the PCT’s area.

The Department of Health has begun a consultation on new

regulations that would require each PCT to produce a pharmaceutical needs assessment that identifies existing services in an area for which there is an immediate or future need that would secure immediate or future improvements or better access to pharmaceutical services.

In the past, as the consultation paper makes clear, PCTs have mostly been very bad at producing a useful PNA. Why should a new legal duty to publish a PNA lead us to believe that the DH’s hope will triumph over experience? PCTs will have to consult interested bodies, like LPCs, LMCs and patient groups, before a PNA is finalised. However, LPCs may want to protect the interests of existing local contractors. LMCs may be influenced by doctors looking for an opportunity to own their own pharmacy. Patient groups may not be sufficiently well informed to comment. And who will speak up for the outsider who may subsequently

spot a gap that the PNA has missed?

Can’t we just rely on PCTs to identify all the needs in every pocket of their areas impartially, objectively and accurately? In my experience over the last 20 years, some PCTs rather smugly believe there is no need for any additional pharmacy anywhere in their areas. Some PCTs do not want to grant any application because new pharmacies cost money. Some PCTs already grant every application because they believe it improves access and choice. Only an independent appeals process has ensured that PCT failings could be corrected.

There is no point in being nostalgic about the necessary or expedient test. Pharmacy owners and wannabe owners should get their views across when PCTs consult before publishing PNAs.

David Reissner is head of healthcare at Charles Russell LLP, where he is a partner



‘LMCs MAY BE INFLUENCED BY DOCTORS LOOKING FOR AN OPPORTUNITY TO OWN THEIR OWN PHARMACY’

19/26.12.09

Features

A call for leadership

Dealing with 152 PCTs is very challenging for any pharmacy multiple. From a commercial perspective we have real concerns over the potential duplication of services and the high volume of red tape and unnecessary complications, which are a function of both the current procurement rules and the operational aspects of PCTs.

Whilst national framework documents from the DH should be a template for PCTs to support the provision of services locally, some PCTs are using these as minimum guidelines, but due to their vague nature, it is often impossible to compare two PCT service level agreements (SLAs) for the same service, in spite of each being based on the original document.

We support PCTs determining what is best for their populations, but this is what PNAs are for. The larger health problems in the UK are common to all PCTs. The pure policy and guidance position of the DH promulgates the assumption that all PCTs are effective commercial units which can manage commissioning. They cannot. Many of my PCO commissioning colleagues say that they would be more comfortable with a prescriptive model for pharmacy services, for example a directed enhanced service (DES).

A DES, as identified in the white paper, is to our minds a legitimate response to a defined healthcare need. Challenges like alcohol addiction, COPD, smoking cessation, falls in the elderly and other issues are national problems and require national solutions – not guidance.

Pharmacies are positioned in the heart of communities and are in the right place to deliver these services but only if structured properly, with fair returns attached, and with reasonable contract terms. This is not happening at present. Instead we have continuous pilots.

Consider vascular checks as an example. The DH issued guidance in 2008 which did not contain pricing or tariff information, IT was mentioned as a future development and the financing was not ring-fenced but sat in the larger PCT



Ronan Brett: a prescriptive model for pharmacy services is needed

budget. This has prompted many variants of health check service specifications, so one can legitimately ask: of all the vascular schemes, which PCT is performing them in an optimal way? Who is checking and communicating this best practice? The bigger problem for the NHS and PCTs is that there is no mechanism to share and action best practice; it is showcased frequently but the NHS does not have the strategic capacity to action this. So instead updated guidance is produced. This is another problem for both multiples and the NHS in terms of service delivery.

Financially squeezed pharmacies already deliver local healthcare daily to populations within PCTs, but given the above scenario, where is the incentive for any pharmacies, be they multiples, independents or LPCs, to invest in service development? And remember that under world class commissioning guidance, PCO commissioners have a responsibility to develop providers.

We need a new way of working. Procurement mechanisms should not hinder service development and certainly not to the detriment of innovation and solutions delivery.

Pharmacy through commissioned services can deliver value for money, quality and health outcomes, but we need leadership, a recognition that in healthcare there are not 152 ways of doing things, and most of all we need vision and innovation, and not simply a reliance on 'guidance'.

Ronan Brett, head of primary care service development, Lloydspharmacy

Update: Food poisoning

A timely reminder of the dangers of E coli and other unpleasant food-related problems



Ethical Dilemma

Should you supply an unlicensed medicine?



Review of the Year

C+D's annual news review looks back at the highs and lows of 2009



A Christmas Carol

Will Evan Stooze see the error of his ways? Or is it too late for Tiny Tim?



Jobs

Some timely advice on etiquette to coincide with the Christmas works party season



C+D Awards

How a flu jab service led to Ajit Malhi taking the prestigious C+D Business Development of the Year title



Update

Your weekly CPD revision guide

November 2009

Food poisoning

With around 850,000 people affected by food poisoning in the UK every year, this article looks at the causes and treatment options

60-second summary

How much do you know about food poisoning?

This article, covering the causes, symptoms and treatment, can be used as part of your CPD.

What are the main organisms responsible?

The main cause are salmonella, E. coli, campylobacter, listeria, shigella and norovirus. Immunity to norovirus lasts only 14 weeks so people can get repeated infections. E. coli can lead to serious complications. Listeria has an incubation period of up to three months and is particularly dangerous in pregnancy; it is avoided by keeping foods for short periods only and observing sell-by dates.

Does treatment differ?

Symptoms are usually self-limiting, so rehydration is the key and antibiotics are not indicated as the cause could be viral. Prevention by meticulous food hygiene and hand washing is the best defence.

This article (Module 15.07) can help in the following CPD Competencies: G1a, G1b, G1c, C1f, C2c

See <http://tinyurl.com/68ox7b>

Emma Wilkinson

E. coli outbreaks among visitors to four petting farms a few weeks ago have drawn attention once again to the risk of food poisoning. Yet although E. coli is potentially very dangerous, it is a relatively rare cause of gastro-enteritis – the kitchen is a much more likely source of illness.

Food poisoning caused by consuming food or drink contaminated with viruses, bacteria and occasionally parasites or toxins is common, despite often being avoidable through good hygiene practices. The Health Protection Agency reported 92,000 cases in 2007, but the true numbers of cases are likely to be much higher because many people do not report the illness. The Food Standards Agency estimates there are around 850,000 incidents of food poisoning across the UK every year.

Symptoms

The most common symptoms are nausea and vomiting, diarrhoea, abdominal pain and fever.

Food poisoning is generally self-limiting and passes in a few days or a week at most, but in some cases can be severe and even fatal, especially for people with weakened immunity, and the very young or very old. The main risk is dehydration, for which hospital admission may be needed.

The symptoms of dehydration include dry mouth, eyes and lips; headache; tiredness, dizziness or light-headedness; and feeling weak. In severe cases, symptoms include extreme thirst; skin appears shrivelled; urine is dark, concentrated and in small amounts; sunken eyes; lack of sweating; and fast heartbeat.

Causes

Bacteria are commonly found on raw or improperly cooked foods and if swallowed in large enough quantities can cause illness in the digestive system where they stick to the lining of the intestine and destroy cells, either by their sheer numbers or by the toxins they produce. Contaminated food may not taste, smell or look any different from usual.

Laboratory confirmation with a stool test will detect the responsible bacteria, but antibiotics are usually not needed unless someone is severely ill. The mainstay of treatment is to drink lots of water to prevent dehydration, avoid tea, coffee, alcohol or fizzy drinks, and to dilute sugary drinks.

Good hygiene when handling food is the key to avoiding infection, for example:

- wash hands before and after food preparation and after handling raw food

- keep kitchen surfaces and chopping boards clean
- wash hands after using the toilet
- wash hands after working in the garden or playing with animals
- store cooked or ready to eat and raw foods separately in the fridge
- wash fruit and vegetables before eating
- cook food until it is piping hot throughout.

Salmonella Commonly found in raw meat, dairy products, and poultry and egg production – as government minister Edwina Currie MP famously revealed in the 1980s – salmonella is a frequent cause of food poisoning, with around 10,000 reported cases in 2008.

Vegetables and shellfish can be contaminated by contact with manure or sewage-containing water. Salmonella can spread when raw and cooked foods are stored together and from person to person if hands are not washed properly after going to the toilet or handling raw food.

Diarrhoea, cramps and, sometimes, vomiting and fever, develop in 12 to 72 hours. The illness usually lasts around four to seven days.

Patients must drink small regular sips of water and use rehydration solutions if necessary to avoid dehydration. Ciprofloxacin or cefotaxime may be used in severe invasive infection.

To stop salmonella spreading, bedding, towels and clothes should be washed at the highest possible temperature and toilets, sinks and handles disinfected.

Key points: salmonella

- Symptoms develop within 12 to 72 hours and last for four to seven days.
- Treatment is rehydration, and ciprofloxacin or cefotaxime in severe cases.

Campylobacter The most common cause of bacterial food poisoning in the UK, campylobacter is also found in raw meat and poultry as well as unpasteurised milk and untreated water. Campylobacter causes severe diarrhoea and stomach ache as well as vomiting and fever.

Symptoms usually develop within two to five days, but can take as long as 10 days. Infected individuals will start to feel better after a few days and up to 90 per cent will recover within a week.

The main aim of management is to prevent dehydration, but severe infection may be treated with ciprofloxacin or erythromycin.

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Key points: campylobacter

- Symptoms take up to 10 days to develop.
- Patients feel better after a few days, 90 per cent within a week.
- Treatment is rehydration, and ciprofloxacin or erythromycin in severe cases.

Listeria Bacteria causing listeriosis are common but rarely cause illness. When this happens, it is a mild infection for most people, with symptoms similar to gastroenteritis.

However, listeriosis can be life-threatening and lead to severe septicaemia or meningitis. In addition to the usual vulnerable groups, it is particularly dangerous for pregnant women as it can cause miscarriage, premature delivery or severe illness in a newborn child.

Unlike most of the common bacteria related to food poisoning, listeria can grow at low temperatures – even fridge temperatures below 5°C. But, as with other bacteria, it is killed by cooking. It is most often found in unpasteurised cheeses, cold cuts of meat, pâtés and smoked fish, pre-packed sandwiches or pre-cooked ready meals.

Listeria infection can be avoided by keeping foods for as short a time as possible and sticking to use-by dates, as well as employing the usual good hygiene practices. Left-over reheated food should be thrown away and cooked food that is not eaten at once should be cooled as rapidly as possible and then stored in the fridge.

Incubation can be anything from three to 90 days, but for most people it is around a month. Anyone with severe illness should be admitted to hospital for intravenous antibiotics. For meningitis, intravenous ampicillin plus gentamicin are given for 14 days, then ampicillin alone for a further two to four weeks for meningo-encephalitis and four to six weeks for endocarditis. Gentamicin should be avoided in pregnancy, when ampicillin should be used alone. In penicillin allergy, erythromycin can replace ampicillin. Listeria is resistant to cephalosporins. Intravenous cotrimoxazole is the second-line treatment for meningo-encephalitis.

Key points: Listeria

- Listeria is common and unlike other bacteria can grow even in fridge temperatures.
- Incubation may be up to 90 days.
- Infection is particularly dangerous in pregnancy.

Escherichia coli E coli is commonly found in the digestive system of many animals, including humans. Although most strains are harmless, some types, such as E coli O157 – the strain associated with the September farm outbreaks – produce toxins causing serious illness.

Most E coli cases occur after eating undercooked beef or drinking unpasteurised milk. Like other bacteria it spreads through food handling and people failing to wash their hands after going to the toilet. Farm workers and farm visitors should pay particular attention to hand washing.

The infection causes diarrhoea, which can be bloody, abdominal cramps, and nausea and vomiting, and in some cases it can spread from the

digestive tract into the bloodstream. Other severe complications include meningitis in very young children and kidney failure. It can be fatal.

In straightforward cases, treatment is usually not needed other than to avoid dehydration.

Key points: E coli

- Only certain strains produce toxins that cause illness.
- Farm workers and visitors should wash hands carefully.
- E coli can spread into the bloodstream, and may cause meningitis and kidney failure in the very young.

Staphylococcus aureus This bacterium, found in poultry, eggs, pâté and pre-prepared sandwiches, produces toxins that are ingested with the food. The toxins generally produce vomiting and diarrhoea within four hours and, in most cases, symptoms clear up in 24 hours.

Key points: Staphylococcus aureus

- Staphylococcus aureus toxins found in food produce symptoms in four hours.
- Symptoms clear up in 24 hours.

Viruses

The most common causes of viral food poisoning are rotavirus, which mainly affects children, and norovirus, which is also known as 'winter vomiting virus' and affects all ages.

Rotavirus Rotavirus is so common in children that estimates suggest almost every child will have had an infection by the age of five, with 18,000 children hospitalised every year in England and Wales due to the illness. Adults are unlikely to be affected because they build up immunity to the virus.

Symptoms of severe vomiting, severe diarrhoea, and stomach cramps usually last from three to eight days after a 48-hour incubation period.

Rotavirus lives in the digestive tracts of humans and is highly contagious, spreading through infected people not washing their hands properly after going to the toilet then touching surfaces, cooking utensils and food.

Again, the main problem associated with the illness, which is generally self-limiting, is dehydration – a particular concern in children – and oral rehydration solutions are recommended as well as water. Pain or fever can be treated with paracetamol.

It is important to contain the illness:

- Hand-washing by children must be encouraged and monitored after using the toilet, and before eating.
- Potties and toilets – including the seat and

handle – should be disinfected after each bout of diarrhoea and vomiting.

- Parents need to clean their hands properly after using the toilet or changing nappies.
- The infected child should have his or her own towel, flannel and cutlery.
- Children should not return to nursery or school for 48 hours after the vomiting and diarrhoea stops.

A vaccine introduced in the 1990s was quickly withdrawn after problems with bowel obstruction. Another vaccine, approved in 2007, is licensed in the UK but has not yet been introduced into a national programme.

Key points: rotavirus

- Adults are usually protected by immunity.
- Symptoms last three to eight days.
- Children should not return to school until 48 hours after vomiting and diarrhoea stop.

Norovirus Noroviruses are the most common cause of upset stomach in the UK. Attacks are called 'winter vomiting' because, although they can occur at any time of year, they are more common in the colder months.

Estimates on UK annual incidence vary from 600,000 to one million people and outbreaks commonly occur in hospitals, nursing homes and schools because the virus spreads remarkably easily between people and can survive several days on contaminated surfaces.

After being infected with a norovirus – of which there are many types – immunity only lasts around 14 weeks, so people may have repeated infections.

For most sufferers, there is no recommended treatment and the illness is left to run its course. Drinking water and eating a light diet of easily digestible foods such as soup, rice, pasta and bread is advised and, although patients may not feel like eating, starvation will not speed up recovery.

It is not always possible to avoid catching norovirus but good hygiene practices when handling food and using the toilet will help to prevent it spreading. Infected people should avoid contact with others for 48 hours after symptoms have gone as they still might be contagious.

Key points: norovirus

- The annual incidence is 600,000 to 1 million each year.
- Immunity lasts for a short time, so individuals may have repeated infections.

Emma Wilkinson is a freelance medical journalist.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 minute test for this feature article online (see page 16).



NEXT WEEK

The first Update of the new year (January 9) will be two case studies to help when doing MURs

Food poisoning

Where is salmonella commonly found? What is the incubation period for listeria? What complications could be caused by E coli? Who is most likely to be affected by rotavirus?

This article discusses the causes of food poisoning including salmonella, campylobacter, E coli, listeria, Staph aureus, rotavirus and norovirus. It includes information about symptoms, treatment and prevention.

Find out more about salmonella, campylobacter and E coli from the Patient UK website at <http://tinyurl.com/yf5bcd>, <http://tinyurl.com/yjstu27> and <http://tinyurl.com/yfhehaa>.

The Food Standards Agency has advice for the public about food bacteria at <http://tinyurl.com/y9mynd> and reducing the risks of food poisoning at <http://tinyurl.com/yam6edz>.

Revise your knowledge of the treatment of diarrhoea on the Patient UK website at <http://tinyurl.com/yco8dn3> and of the OTC products available (these are listed in the C+D Guide to OTC Medicines and Diagnostics). Think about the advice you could give to patients.

Are you now familiar with the different organisms that cause food poisoning? Could you explain to patients how to avoid getting food poisoning? Are you confident in your knowledge of the treatment of food poisoning?

5 minute test

What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2009 and receive a unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at www.chemistanddruggist.co.uk/mycpd

Step 3

Use your PIN to complete the assessment online or phone through your answers. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will also be able to download a CPD log sheet that helps you complete your CPD entry at update.org.uk

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269. Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online

Practical Approach

Recruitment: an unhappy applicant



David Spencer, pharmacist at the Update Pharmacy, is at a pharmacy trade show where he bumps into a local colleague, Peter McNeil, who owns two small pharmacies. They talk about how things are going and Peter says: "Actually, I ran into a spot of bother over recruitment recently."

David asks him to explain and Peter continues: "I decided we needed another part-time assistant,

so I just put a classified ad in the local paper. I was overwhelmed by the response – I got nearly 20 replies. But the real problem came from a young man who came into the shop to ask about it. He spoke to one of my girls, who didn't know that I'd advertised, and apparently she told him jokingly that I'd only take on a female as an assistant. He just walked out, but the next thing I know is I get a letter from a solicitor on his behalf threatening to sue me for 'sexual discrimination'."

"Did you issue a job description or specification for this post?" David asks.

"For a part-time counter assistant? No, it never occurred to me."

"So what did you do?"

"Well I took advice from my professional indemnity insurers and invited the guy for interview along with all the other candidates."

"What, all 20?"

"Yes, that was the advice."

"And then what?"

"Well, the young man was totally unsuitable and I gave the job to one of the other candidates. I sent a letter to all the unsuccessful candidates saying that at interview

all were asked the same questions based on the job specification we had issued by then, and that the most suitable candidate had been selected based on these. But then I got another letter from the solicitors threatening to take me to an employment tribunal unless I paid the man £500 to compensate him for his 'hurt feelings'."

"So what did you do?" David asks.

Questions

1. Was Peter under any obligation to act in response to the young man's original complaint?
2. Why did Peter have to interview all the candidates for the job?
3. Peter has a total of eight employees in his two pharmacies. Is there anything else he was advised to do?
4. What did Peter do about the £500 demand?

Answers

1. Yes. Peter is vicariously liable for the words or actions of his staff acting on his behalf, which the assistant could be judged to be doing in this situation.

2. He was advised that, as he had not issued a job description or specification, there were no criteria against which to judge the suitability of applicants, so short-listing was not possible and in fairness he would have to interview all of them.
3. Issue a written statement to all candidates that the business is an equal opportunities employer, which all businesses with more than five employees have to be.
4. He agreed to pay, rather than go to the inconvenience and expense of a tribunal.

This article can help with these CPD competencies: G2f, G2k, G4m, G5f, G5k, G7c. See <http://tinyurl.com/68ox7b>

Do you have an idea for a Practical Approach scenario or would you like to write one? Email us with your suggestions.

haveyoursay@cmpmedica.com

To see the full archive of Practical Approach articles go to www.chemistanddruggist.co.uk/practicalapproach

ETHICAL DILEMMA

This series aims to help you make the right decisions when confronted by an ethical dilemma. In the last issue of every month we present a scenario likely to arise in a community pharmacy and ask a practising pharmacist and/or a member of the Pharmacy Law and Ethics Association (PLEA) to comment on the legal and ethical implications of the actions open to you. Readers are invited to have their say at ethics@cmpmedica.com

Should you supply an unlicensed medicine?



The first two principles of the Code of Ethics require you to make the care of patients your first concern (principle 1) and to use your judgement in the interests of the patient (principle 2). In this case the patient is a relatively young person who is failing to thrive and grow because of problems he has in eating normal food.

Principle 7 of the code requires you to take personal accountability for your own decisions, behaviour and work.

Standard 3 of the RPSGB standards and guidance relating to the sale and supply of medicines states that the pharmacist "must ensure that a product with a marketing authorisation is supplied where one exists in a suitable formulation and is available, in preference to an unlicensed product".

Standard 4 relating to extemporaneous compounding in the dispensary must also be followed. This requires competence to make the item and knowledge of safety and the appropriateness of the formulation.

Both the pharmacist and the prescriber have a duty of care to the patient and will carry increased legal responsibility and liability if the supply of an unlicensed product causes harm.

Omeprazole is available in several differing solid dose formulations; these include tablets and capsules containing enteric-coated granules as well as a multiple-unit pellet system.

Looking at the SPC (specific product characteristics) and the PIL (patient information leaflet) you realise that the branded pellet system (MUPS) is licensed to be dissolved in a small amount of liquid or fruit juice before administration and may be the answer to the problem.

You will have to contact the prescriber and explain the advantages of the proprietary preparation for the patient. If the prescriber is happy with the suggestion, a replacement prescription will be required, although you should be able to issue the item as an emergency supply at the prescriber's request so long as the new prescription is provided within 72 hours. Added advantages are the increased stability of the branded product and the reduced cost to the NHS, as a month's supply will be about £20.

Ruth Rodgers, MRPharmS, PhD, FIPharmM, senior/clinical lecturer in pharmacy practice, Medway School of Pharmacy, Universities of Kent and Greenwich

G1a, G1d, G1e, G1h, G1j, G1l, G3a, G7a, G7c, C1a. See <http://tinyurl.com/68ox7b>

More dilemmas are online at www.chemistanddruggist.co.uk/ethicaldilemma

PLEA is an association of pharmacists interested in law and ethics, and lawyers or ethicists specialising in pharmacy, with the aim of promoting understanding of the ethical basis for professional judgement

www.wingfieldworks.co.uk/plea/index.html



The C+D news review 2009 – how was it for you?



What do a cigar-chomping Victorian, the responsible pharmacist rules, 234 MPs and a snowman all have in common? They all made C+D's annual review of the year in 2009. Trapped in a recession, squeezed by Cat M and stock shortages, besieged by swine flu and threatened with criminal prosecution for single dispensing errors, things have been far from easy for pharmacy this year. But pharmacists have weathered every storm 2009 has thrown at them. Now, C+D takes a look back at the stories that hit the headlines this year, and finds out how pharmacy overcame its annus horribilis.

January 3

No sooner has the calendar flipped over than bad news arrives on the doorstep: German business mogul Adolf Merckle has committed suicide, leading to speculation over the future of wholesaler Phoenix. The rumours are dispelled when Phoenix's UK chief Paul Smith exclusively tells C+D the firm is not for sale.

January 14

Department of Health (DH) minister Dawn Primarolo stirs up the ire of contractors by saying she is "not aware of any pharmacy that is having problems because of the payment flow from the NHS". C+D immediately launches its Cat M Dossier campaign: 90 contractor responses later, evidence of just how badly the sector has been hit is presented to the DH.

January 17

Pfizer causes a few upset stomachs after launching an anti-counterfeit ad starring a man pulling a dead rat from his mouth (below).



February 7

Britain's workforce is almost cryogenically frozen after the heaviest snowfall for 18 years. Pharmacists battle on regardless, going above and beyond the call of duty to remain open during the blizzard conditions. Around half of pharmacists make a snowman, according to a C+D poll, including Boots' Bobby Mehta (below left).



February 28

The Pharmacists' Defence Association (PDA) squares up to Tesco, alleging the multiple is bullying pharmacists to wear a uniform at work. Tesco denies the allegations.

March 7

Pharmacists are the last to know about changes to cough and cold medicines guidelines after the news is leaked to the Daily Telegraph. The MHRA reveals the new guidelines to the sector several days after the leak.

March 14

The C+D and PDA Union Salary Survey finds the average pharmacist makes £38,402 a year, up £1,482 on 2008. However, the survey also shows worrying levels of stress, with 4 per cent of pharmacists reporting suicidal thoughts, 56 per cent experiencing pressure at work and one in three having been a victim of crime.

March 28

C+D columnist and pharmacy owner Mike Hewitson becomes a dad after wife Sarah gives birth to daughter Gracie.

April 4

The pharmacy white paper celebrates its first birthday. C+D casts its eye over the results: while the DH has hit some targets, it's missed on delivering directed enhanced services and launching a national minor ailments service.

"I sat in a room with Elizabeth Lee where common sense should have prevailed. It did not"

MARK KOZIOL, CHAIRMAN, PDA

April 11

Community pharmacy is rocked when locum Elizabeth Lee (right) receives a suspended jail sentence for a dispensing error, despite being found to bear no responsibility for the patient's death. The outcry sees more than 12,000 pharmacists and 234 MPs sign petitions to change the law and decriminalise single dispensing errors.



April 25

Orlistat becomes available over the counter as Alli in the biggest POM to P switch yet.

And the RPSGB faces opposition at a special general meeting (SGM) over who will be able to call themselves a pharmacist following the creation of future regulator the General Pharmaceutical Council (GPhC). The SGM motions are passed, but the RPSGB Council decides not to amend its recommendation to restrict the title.

May 9

Swine flu fever grips the nation as the first cases arrive in the UK. Pharmacists are granted emergency powers, including extended emergency supply rights, as the sector prepares to take its place on the front line of the pandemic.

May 16

The Home Office decides what pharmacists have known all along: crystal meth seizures are rare and the profession should continue to sell pseudoephedrine-based medicines.

June 13

The problem of stock shortages bubbles to the surface as manufacturers lay the blame firmly at the feet of parallel exporters.

June 20

Pharmacy's great and good don their dinner jackets and gowns to celebrate the best the sector has to offer at the C+D Awards (below).



July 4

NPA chief John Turk brands manufacturer supply deals "complete and utter bollocks", sparking a row which sees both sides pledging to avoid a "war of words".

July 18

"People with swine flu are still walking about all over the place... I advise them to go back home and stay there," says Raj Radia, of Spring Pharmacy, Hoxton, London, as pharmacy begins to feel the burden of the pandemic.

July 25

One in five pharmacists threatens to walk out of the profession if the responsible pharmacist regulations come into force, according to a PDA survey.

August 1

The Society comes over all friendly and promises to be sympathetic on CPD record keeping, as it launches plans to review records and appraise them using weather-map style symbols.



August 15

C+D reporter Chris Chapman (left) goes back in time to live a day in the life of a druggist in 1859... it's all limestone, poisons and foul-smelling miasma (or disease-causing bad air).

August 22

Pharmacy makes the papers as C+D's stock shortage survey shows almost 90 per cent of pharmacists are concerned shortages will affect patients.

August 29

Pharmacist Jones, a 'pharmacy simulation' PC game is launched, boasting challenges such as persuading a pensioner to have an MUR and keeping your cool when a customer blurts: "This consultation room is a bit small, innit?"

"Pharmacists will be naked, but covered substantially in body paint"

A C+D FUTUROLOGIST ON 2159

September 12

C+D looks to the future of pharmacy, with one punter suggesting that in 150 years: "Pharmacists will be naked, but covered substantially in body paint. Not wishing to miss a possible source of income, many will take to having their bodies painted like advertising hoardings."

September 19

"I lighted a cigar and began to think of the hit we had made with the Ironmonger. Why should we not bring out a journal for chemists and druggists as well?" C+D celebrates its 150th anniversary with a look back at creator Septimus Vaughan Morgan (above right, centre) and a Birthday Party (right) at which guests vote the contraceptive pill the best pharmacy invention of the past 150 years.



"People with swine flu are still walking about all over the place... I advise them to go back home and stay there"

PHARMACIST RAJ RADIA, SPRING PHARMACY, HOXTON

October 3

LPCs blast PCT commissioners, with just one third of the committees rating their local trust as 'good' or 'excellent' at commissioning pharmacy services.

October 10

A bad week for the Society as it hints at more redundancies for 2010 and reveals it plans to spend three quarters of a million pounds revamping a library used by just 1 per cent of the membership.

October 24

C+D's first conference runs smoothly, with tough words from those in power. "What we need to do now is stop talking and find solutions," says Mike Holden, chief officer of Hampshire & Isle of Wight LPC and chair of the stock shortages debate.

October 31

C+D's Senators grapple with the responsible pharmacist regulations, with more warnings from the Pharmacists' Defence Association. "I sat in a room with Elizabeth Lee where common sense should have prevailed. It did not," says chairman Mark Koziol.

November 28

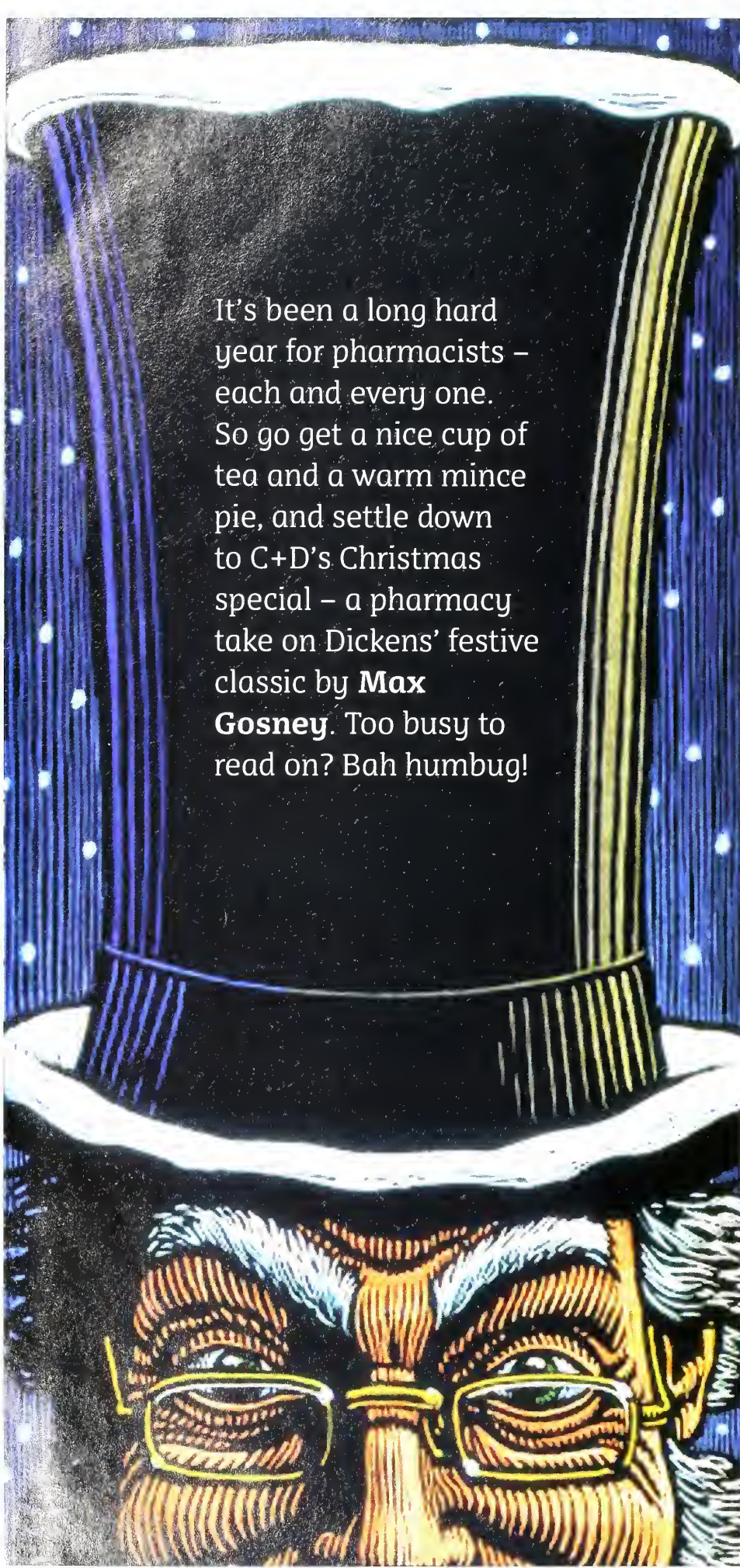
Yet more workload warnings as dispensing volumes rise and MURs soar.

December 5

C+D's PCT Investigation of nearly 90 trusts reveals a huge variety in spending on pharmacy services.

Get into the spirit - A Christmas Carol comes to pharmacy

See p22 overleaf



It's been a long hard year for pharmacists – each and every one. So go get a nice cup of tea and a warm mince pie, and settle down to C+D's Christmas special – a pharmacy take on Dickens' festive classic by **Max Gosney**. Too busy to read on? Bah humbug!

It seems strange to say it, but there was an unseasonable chill in the air for December. After the mild Christmases of late, Jack Frost snapped relentlessly through the streets of London. Inside a shabby looking pharmacy, an ill-tempered man sat scanning his accounts. "Two thousand pounds in the last three months – it's a disgrace," muttered Evan Stoooge, as he totted up the losses from Cat M clawbacks at his Stoooge Pharmacy.

He grew angrier as a knock on the office door interrupted his thoughts. "What is it?" thundered Stoooge. "Sorry to disturb you, Mr Stoooge," a weary looking young woman replied. "But is it OK to close up for the night?"

"If you must," said Stoooge to Bobby Cratchett, his long-serving – long-suffering, many said – pharmacy manager. "Even if I stayed open all night I'd still not recover the money raided from my accounts by those foul creatures at the Department of Health." Bobby began to wish she'd just slipped away quietly. "And that's just the start of it," Stoooge continued. "What about these 56-day prescriptions the doctors give out and the switching of prescription forms?"

"But Mr Stoooge," Bobby replied, "the money has not been taken away. It's just been moved to services." Stoooge growled angrily. "Services, I'll give you services. Where am I to find the time to whistle up a service proposal? Even if I did have the inclination, which I don't, I'd more than likely meet with a firm refusal from those bean counters at the PCT. Services – humbug I say."

Bobby, with admirable determination, countered: "What about MURs? They pay at £28 a time and that's guaranteed. They can do so much good. I read in C+D last week about an MUR that saved a woman from carbon monoxide poisoning." Stoooge's face grew ever more contorted. "Poison!" he thundered. "The only thing in danger of being poisoned is pharmacists' minds, with all this poppycock about providing MURs instead of being behind the dispensing bench where they're best."

Bobby decided to end it there, but before she left the office, turned and said: "Merry Christmas, Mr Stoooge." "There's nothing to be merry about," came the curt reply. "And if it's not merry for me then you can be sure it won't end up being merry for you. Merry Christmas? Bah humbug."

The ghost of pharmacy past

Stoooge finally left the pharmacy at 10pm. His mood was foul – though that was not unusual –

A Pharmacy Christmas Carol

and he headed straight for bed. Despite the stabbing cold, Stoooge fell into a deep sleep.

He was awoken by a thudding noise. "Who's there?" asked Stoooge. In entered a figure dressed in a great coat, clutching an apothecary bag laden with old medicine bottles. "I am the ghost of pharmacy past," boomed the spirit.

Stoooge peeked out from under his covers and saw a graduation ceremony in full flow. "Spirit," he said, "I recognise this scene. Why, this is my old university." The spirit nodded as a group of students chatted busily. "Stoooge, what are you going to do next?" asked a dark haired boy. "Why, the sky's the limit!" a youthful Evan Stoooge replied. "I always loved those lectures on clinical interventions. I want to give the doctors a run for their money. Why can't a pharmacist be the one counselling patients on taking the right medicine or treating chronic illnesses?"

Stoooge welled up with emotion as he looked back on his university friends. He felt a pang of regret as he listened to his young self, so indomitable in his belief in the power of his profession to do good.

The ghost of pharmacy present

Stoooge awoke again with a start. He sat upright in the bed to see a figure clad in a white coat. The only colour came from the green hue of hundreds of FP10s spilling out of the apparition's pockets.

"I am the ghost of pharmacy present," cried the spirit.

Within a moment they were stood behind the dispensary of Stoooge Pharmacy. It was a day like most others. There was a queue of patients waiting to pick up their prescriptions. Bobby was working tirelessly with her assistants. She was without a break all day, though the patients were oblivious, thanks to her charming smile and warm demeanour.

The queue cleared and just then a frail looking child entered the pharmacy. The little boy began to cough, an awful curdling sound, as he crept forwards. "Tim, Tiny Tim, what a pleasure," cried Bobby. The boy was her nephew – a child forever smiling despite his dreadful asthma.

"Hello," the child grinned, "I've come to get my inhaler – and to see my favourite aunt, of course," he said. His smile faded as the cough returned. "Of course, Tim. Salbutamol if I'm not mistaken. But before I give it to you we're going to have a nice chat about how best to take it. How about it, Tim?"

The child was about to reply when a voice

barked. "Bobby, I have a delivery from the wholesaler that needs sorting." It was Stoooge, not the Stoooge of our story who observed the scene with horror, but Stoooge acting as he had done in the pharmacy for longer than anyone could remember. "But Mr Stoooge, I have an important MUR," Bobby pleaded. "And where will you do it? My office is for working, not idle chit chat with patients. Now see to that delivery." Bobby looked apologetically at Tim. "I'm sorry," she said. "God bless you, aunty," replied the child.

The ghost of pharmacy future

Stoooge's eyes were wet with tears as he awoke again. The room grew ever colder. A vapour rose from the floorboards and formed a menacing cloud above Stoooge's bed. Stoooge quivered. "Show yourself, spirit," he trembled. "Very well," said the spirit, "I am the ghost of pharmacy future."

"The only colour came from the green hue of hundreds of FP10s spilling out of the apparition's pockets. 'I am the ghost of pharmacy present,' cried the spirit"

Stoooge and the spirit stood outside Stoooge Pharmacy. But something, thought Stoooge, was different. Stoooge read a neon sign: Stoooge Healthy Living Pharmacy – under new ownership.

Stoooge followed the spirit inside. It was not the cluttered shop of old, but crisp and professional looking. There were computers offering interactive health advice and a list of the services available to patients. Stoooge marvelled as he saw his office had been transformed into a consultation room.

His attention switched to two patients who stood talking as they waited for their health MOT. "It's all changed so much since he left," one remarked. "They say the pharmacy has helped over 100 people quit smoking this year," her companion replied. "I even hear that they're up

for an award from something called the Chemist+Druggist."

Stoooge turned to the spirit: "Where is Bobby?" he asked. In an instant the scene had changed. The pair surveyed the front room of a house. In the corner Bobby, eyes raw with tears, spoke through sobs: "I can't help blaming myself. The number of times I promised Tim that I'd help him with the inhaler technique and make sure he was taking the right one. But I never did."

Bobby's sister gripped her arms. "You did nothing wrong, Bob. It's just a tragic thing, that's all. The fit came on so fast that there was just nothing any of us could do."

Stoooge could bear no more; he turned on the spirit and cried: "Spirit, is what you show me unalterable?" The spirit spoke coldly: "What I show you is the future as you make it today."

Stoooge the redeemer

The bells rang at 8am and Stoooge awoke to the morning light. An hour later he sat in the office of Stoooge Pharmacy and heard the familiar sound of Bobby Cratchett arriving. "I'm so sorry I'm late, Mr Stoooge, I've had to bring Tim with me today. He's too sick for school, it won't happen again."

Stoooge spoke solemnly: "No, it won't happen again," he said. Bobby trembled. "It will never happen again because from this day forward, Bobby Cratchett, I want you to give that child MURs on his asthma until he can manage the condition. I also want you to launch an asthma management service so others like Tim don't suffer." Bobby wondered if Mr Stoooge had drunk too much brandy over Christmas. "And, it's about time you had a pay rise, Bobby. You work hard and with the income from all these services, I can more than afford it."

And he was good to his word. Stoooge Pharmacy was soon trailblazing pharmacy services that were the envy of pharmacists far and wide.

Some laughed at the transformation of the man and his business, but he didn't mind. Thanks to Stoooge Pharmacy, Tiny Tim and many others went on to manage their asthma and the fatal attack that Stoooge had foreseen never happened.

It was always said of Stoooge that he knew what good a community pharmacist could bring. And may that be said of all of us or, as Tiny Tim might have observed: "God bless us, each and every one."

The end

Your questions answered

Will a third class pharmacy degree affect my job prospects?

Boots professional resourcing manager Karen McGinty (pictured) responds:



The class of your degree is most significant at the beginning of your career, but this will gradually be overtaken by your work experience.

You should be able to show employers that you can hit the ground running. For example, while working for your degree you engaged in extra-curricular activities; obtained work experience in order to develop the skills that would prepare you for the world of work; and became self-aware with the confidence to market yourself effectively when applying for jobs.

Employers look for more than just technical clinical skills and knowledge of your degree discipline. They are also looking for you to demonstrate your competency in areas such as communication, team working, problem solving and, most importantly, patient care. Job applicants who can demonstrate they have developed these skills will have a real advantage.

If you find that you still need to develop some of these skills, you will have to be realistic about your career options. Be flexible with regards to location as the class of your degree will be less important if you are willing to work in an area that is less oversubscribed in your field of expertise, where competition for places is less fierce.

Use your CPD to identify your shortcomings and put together a plan to overcome them. Be completely transparent in your applications and let prospective employers know that you have a plan in place and what progress you have made so far.

Perseverance and determination can still get you where you want to go in the long run.

Go to a burning careers question? Email richardson@cmpmedica.com and we'll ask the experts.

Party politics

As businesses enter the Christmas party season, **Zoe Smeaton** asks if you can use the much-loved celebration to boost your career

This is the season to be jolly. And after a year of stress, financial pressures and yet more red tape, many pharmacists will, quite reasonably, be looking forward to letting their hair down. And with all your favourite colleagues in one place and the food and booze flowing all night, what better place to do it than at the annual work Christmas party?

The profession seems to agree to at least some extent. With the RPSGB treating its staff to a dinner dance and many contractors arranging events, rewarding employees for their efforts during the past year is certainly on the agenda. But before you don the Santa hats and party clothes, it might be worth pausing for a second to consider how you're going to behave on the big night.

Whatever the setting, any Christmas party is likely to have attendees who are senior to you and whose opinions will count when you're trying to climb the career ladder. As Sheena Webster, head of HR for Alliance Healthcare, cautions: "It's important to think about how you want to be remembered by those you work with and for."

On the positive side, this means the Christmas party can be a great way to boost your networks. If you can introduce yourself to people you might not normally have access to, it could help you make contact with them professionally in the new year. Ms Webster says it's important not to overdo networking in an informal setting like a party, but she recommends: "Introduce yourself to people; if you think that it would be worth speaking more with this person, ask if you could arrange to meet with them at a later date."

As well as making good contacts for your career, Numark training



Make sure the consequences of mixing work and pleasure are good ones

associate Kristina Adams says Christmas parties can be a great way to get to know the people you work with on a day to day basis. "Christmas dos are an opportunity to get to know those people who you never normally have a chance to really chat to – who are they and what do they care about? Finding these things out can make all the difference to the following year," she explains.

And with a difficult year gone by, and perhaps another ahead, boosting morale like this can make all the difference to your job satisfaction. As Paul Gimson, RPSGB director for Wales, says: "I think work colleagues getting together socially is extremely worthwhile as it helps to create a stronger team."

If you're in charge of a small team you can take this one step further by using the party as an opportunity to give your team some extra recognition and reward. Ms Adams says one of her favourite work party memories is of her boss standing up

and giving a speech about each person and giving them all a present, too. "Each of them was of no value – but it was something to unwrap and it was representative of the contribution (or notoriety!) of that person," she says.

If all this sounds a bit too much to think about when you're supposed to be partying the night away, then perhaps even more important than being noticed for the right reasons at the Christmas party is just avoiding being noticed for the wrong reasons. Ms Webster points out: "You may not be remembered for being professional at a party, but you will certainly be remembered for being unprofessional."

There are obvious potential pitfalls, but being aware of who you're talking to and trying not to discuss anything controversial are possibly the most important things to do. As Ms Adams says, bad-mouthing your colleagues to your boss or your boss to your colleagues are not good ideas. And being too friendly is also to be avoided.

Ms Adams warns alcohol can cause the biggest problems as it can lead to a loss of inhibitions. She advises: "It may not be the best course of action to get drunk – even [if] someone else is paying!" On this topic the old advice is probably the best. If you don't want to be teetotal, try alternating alcoholic drinks with soft drinks and eat something before you go.

But while it's important to be sensible, remember that you are allowed to have some fun. As Ms Adams concludes: "You are being treated to a party to thank you for all you have done. It will have cost someone a lot of money and effort to organise and they will want you to enjoy and remember it as a great evening."

Career tip of the week

"When asked what least impressed them in a candidate, most professional interviewers cited 'not listening to the question' as a major factor. This includes answering the question the candidate wants to answer, rather than the one they were actually asked."

From *Brilliant Interview*, by Ross Huxley

www.christmasshoppinglist.co.uk/booksforjobhunters

**brilliant
Interview**

What employers want to hear and how to say it



UniDrug Distribution Group Limited

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APOLOGY

The Directors of UDG would like to take this opportunity to apologise to Phoenix Healthcare Distribution (PHD), their customers and staff for the restrictions that UDG had placed on the Phoenix Healthcare account from early December 2008 which in the light of PHD's sustained ability to always pay due debts on time our action has proven to have been completely unnecessary.

We reacted to the press remarks made at the time about Phoenix Group, (the PHD parent Company) without being able to fully understand the precise financial position of Phoenix Healthcare Distribution.

UDG would particularly like to apologise to customers of Phoenix who experienced availability problems with UDG supplied products. We sincerely regret any inconvenience that was caused.

UDG recognises that PHOENIX Healthcare Distribution Limited is a highly reputable, reliable and valued customer of UDG and that PHOENIX has always been a good payer of UDG bills. We look forward to building better relationships with Phoenix Healthcare Distribution which will allow them to provide the first class service upon which they have always prided themselves.

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Website - New Vacancy Section

Community Pharmacy Scotland has recently launched on its website, a new vacancy section for Community Pharmacy Scotland members.

All available vacancies can be viewed by anyone without the need for a login password but if a member wishes to post a new vacancy or edit one of their own existing vacancies then they must be logged in to the system.

There are easy to follow onscreen instructions for each field. Alternatively a document with full guidelines is available to download.

Community Pharmacy Scotland's website address is

www.communitypharmacyscotland.org.uk

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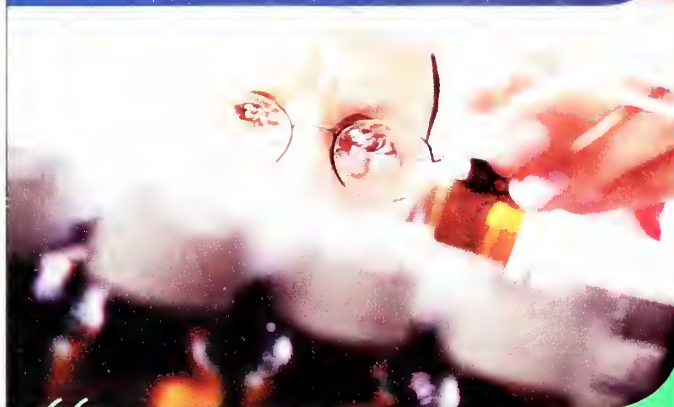


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Top prize for flu jab service

AAH's Ajit Malhi reveals to **Zoe Smeaton** the secrets of the private flu vaccination service that clinched the C+D Business Development of the Year 2009 title

When customers reported financial struggles due to category M and the failure of PCTs to commission services, Ajit Malhi busied himself thinking about how wholesaler AAH could help.

"The idea for our private flu vaccination service came to me when I was thinking about how we could support our customers with deriving new income streams from services," the head of marketing services explains.

After that there was no looking back, with the service being launched in time for the 2008 flu season, and patient feedback showing a huge satisfaction rate – over 1,000 patients were surveyed and all said they would return to pharmacy for the service another year.

Mr Malhi says he has enjoyed seeing pharmacists make the service such a success. As well as bringing in new income, it has helped show customers that pharmacies are not just dispensing factories. "When you have people in the consultation room, it's quite surprising how engaged they are, and we've had patients coming in for the flu vaccine and then pharmacists are doing MURs and other services for them, too," he says.

But there has also been personal satisfaction. "As a pharmacist, pharmacy is not just a job, it's

my profession, and I take that very personally. It's great to have shown that pharmacy can do this and to see people, including the Department of Health, interested in it," Mr Malhi says.

The C+D Awards 2009 were a great opportunity to showcase the service further, he adds. "I entered the awards because I was proud of what we had achieved and the challenges we had overcome," he explains. "I wanted to showcase that to the rest of my profession and I hoped we could act as an inspiration to others."

Winning the C+D Award was a reward for all the effort that went into the service, he says, but the work didn't stop there. For the 2009 flu season, some tweaks were made, with online training materials being offered alongside a more practical training day. Pharmacies were also given marketing materials before they were even offering the service to let patients know about it in advance. And AAH has helped pharmacies to contact local businesses to offer them the service.

In its second year an extra 300 pharmacists came on board, and other companies have followed AAH, launching their own versions. Mr Malhi says having more people involved is good for the profession. "It's great to have been a part of that and to have been the innovators," he says.



Name

Ajit Malhi

Company

AAH Pharmaceuticals

Award won

C+D Business Development of the Year 2009

Award entry

A private flu vaccination service

Dream holiday destination

Venice. Ajit thinks it's a great city with fantastic architecture and friendly people

Cats or dogs?

It's neither for Ajit – he has a goldfish

Breakfast on pharmacy day?

Ajit is up so early he has no appetite – so it's coffee on the go and a mid-morning snack

Paracetamol or ibuprofen?

Plain old paracetamol gets Ajit's vote

Entry for the **2010 C+D Business Development of the Year** category, sponsored by GlaxoSmithKline Consumer Healthcare, is now open. Go to www.chemistanddruggist.co.uk/awards for full entry details, hints and tips, to download an entry form or enter online.



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How Ajit won the C+D Business Development of the Year Award 2009

How did the service take shape?

After coming up with the idea, Mr Malhi first had to gain internal support, but he says: "We're lucky at AAH because everyone wants the company to do well and recognises that we can't do well unless our customers do well. Any idea that supports community pharmacy and puts them in a better place is going to get buy in internally." Once Mr Malhi had support and a vaccine supplier had been found, work began to ensure all legal and regulatory requirements were met. The service had to be designed to suit independent pharmacies, with marketing materials and training programmes developed.

What challenges had to be overcome?

As this was the first service of its kind for

community pharmacy, meeting the regulatory requirements and obtaining a patient group direction (PGD) that could work for independent pharmacies were particular hurdles. "The biggest challenge was making sure from a legal and regulatory point of view that this was all above board... we had some hairy moments when we weren't sure whether we would be able to deliver the service within the timeline we had set," Mr Malhi says.

What support was needed?

Support came from many stakeholders, and Mr Malhi puts the success of the service launch down to clever teamwork. Within AAH the service development team worked to make the vaccines work in pharmacy, while others had to

sell it to customers. Novartis, the vaccine supplier, was closely involved and AAH took advice from the NPA and RPSGB. "We outsourced the writing of the PGD and the clinical governance requirements and that worked very well. We could then focus on supporting the pharmacists," Mr Malhi explains.

How was the service costed for pharmacists?

Mr Malhi was able to work backwards from an estimated retail price because he could see how much customers were already paying private clinics for flu vaccinations. "We knew patients would pay around £15 for the vaccine so we knew we had to deliver the service at a cost that meant our customers could break even from only providing a few vaccines," he says.

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two or three times daily. **Contraindications:** E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:** Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g tub, 350g tub, 500g pump pack. **Basic NHS cost:** 50g £1.40, 125g £2.55, 350g £4.46, 500g £5.39. **Legal category:** GSL.

Product licence number: PL 0327/5904. **Product licence holder:** Crook Healthcare Ltd, Nottingham NG2 3AA.

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Date of preparation: September 2009



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